PTO/SB/07 (08-03)
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Application Number Filing Date MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** (a)hapilqani Substitute for Form PTO-1360 (For use with Form PTO/SB/08) May be used for additional claims or amendments CLAIMS AFTER FIRST AFTER SECOND AMENDMENT **AMENDMENT** Depend Indep Indep Depend Indep Depend Depend Depend .52 .63 55 56 57 59 60 61 62 63 64 65 16 66 17 67 18 68 19 69 70 71 21 72 73 74 75 76 27 77 78 79 60 31 81 82 83 84 85 86 37 87 38 89 40 90 41 91

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